



☐ **INITIAL INCIDENT REPORT (IIR)**

Turn IIR Report into the NRB within 3 business days

☐ **INCIDENT CALL IN REPORT (ICIR)**

Write comments in narrative on pg 2.

Incident Number: ____ / ____ / ____ Associated Number: _____ Today's Date: ____ / ____ / ____

Incident Name: _____(for reference) DNR Equipment Number: _____

Probable Incident Date: ____ / ____ / ____ Time: _____ Trust: _____ Program: ____ Cost of Materials:\$ _____

Person Reporting Incident: _____ Wk Phone: (____) ____ - _____

Citation Issued: No ☐ Yes ☐ Citation # _____

Provide at least one of the following location descriptions. (GPS Preferred.)

1. GPS Description: Lat ____/Long ____UTM _____

2. Legal Description: Subsection: ____ Section: ____ Township: ____ Range:____

3. Incident Location: County: ____ Region: ____ District: ____ Unit: _____

AND Location: (e.g. Road, Mile Post, Address, Recreation Facility): _____

Check the **Type** and **Sub-Type** of the Incident. Refer to DNR Law Enforcement Services Resource guide. *If you have more than (1) type and subtype on the same incident, include that information by marking all that apply.*

1. Accidents	2. Public Behavior	3. Property Loss/Theft	4. Vandalism
Type/Sub-Type	Type/Sub-Type	Type/Sub-Type	Type/Sub-Type
<div><input type="checkbox"/> DNR Employee <input type="checkbox"/> Workplace <input type="checkbox"/> Vehicle <input type="checkbox"/> Inmate <input type="checkbox"/> Volunteer</div> <div><input type="checkbox"/> ORV <input type="checkbox"/> Injury <input type="checkbox"/> Fatality</div> <div><input type="checkbox"/> Public Accident <input type="checkbox"/> Workplace <input type="checkbox"/> Vehicle <input type="checkbox"/> Injury/Fatality</div> <div><input type="checkbox"/> Emergency Response <input type="checkbox"/> Type: _____ <input type="checkbox"/> Other Agency Involved: _____</div> <div><input type="checkbox"/> Emergency Drill <input type="checkbox"/> Type: _____</div> <div><input type="checkbox"/> Hazard <input type="checkbox"/> Workplace <input type="checkbox"/> Other <input type="checkbox"/> Public</div> <div><input type="checkbox"/> Other: _____ List Type and Sub-Type in the narrative on pg 2.</div>	<div><input type="checkbox"/> Weapons <input type="checkbox"/> Reckless Endangerment <input type="checkbox"/> Unauthorized Use</div> <div><input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Assault <input type="checkbox"/> Intimidation</div> <div><input type="checkbox"/> Vehicle <input type="checkbox"/> Stolen <input type="checkbox"/> Impoundment</div> <div><input type="checkbox"/> Traffic Violation <input type="checkbox"/> DNR Roads <input type="checkbox"/> Recreation Trails</div> <div><input type="checkbox"/> Smoke Management <input type="checkbox"/> Burn Permit Violation <input type="checkbox"/> Smoke Complaint</div> <div><input type="checkbox"/> Trespass <input type="checkbox"/> Property Line <input type="checkbox"/> Gates/Locks <input type="checkbox"/> Roads <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatics <input type="checkbox"/> Fence <input type="checkbox"/> Structure</div> <div><input type="checkbox"/> Criminal <input type="checkbox"/> Warrants/Arrest <input type="checkbox"/> Drug Lab <input type="checkbox"/> Drug</div> <div><input type="checkbox"/> Forest Practices</div> <div><input type="checkbox"/> Geology</div> <div><input type="checkbox"/> Unauthorized Use <input type="checkbox"/> Transient <input type="checkbox"/> Camping</div> <div><input type="checkbox"/> Other: _____ - List Type and Sub-Type in the narrative on pg 2.</div>	<div><input type="checkbox"/> Special Forest Products <input type="checkbox"/> Brush/Grass <input type="checkbox"/> Cedar <input type="checkbox"/> Other Type _____</div> <div><input type="checkbox"/> Agricultural Crops</div> <div><input type="checkbox"/> Firewood</div> <div><input type="checkbox"/> Aquatic Resource</div> <div><input type="checkbox"/> Timber <input type="checkbox"/> Private <input type="checkbox"/> DNR</div> <div><input type="checkbox"/> DNR Property <input type="checkbox"/> Equipment <input type="checkbox"/> Tools</div> <div><input type="checkbox"/> Personal Property</div> <div><input type="checkbox"/> Rock/Sand/Gravel/Mineral</div> <div><input type="checkbox"/> Other: _____ List Type and Sub-Type in the narrative on pg 2.</div>	<div><input type="checkbox"/> Roads/Trails <input type="checkbox"/> Open (Vandalism) <input type="checkbox"/> Closed (Trespass) <input type="checkbox"/> Erosion <input type="checkbox"/> Illegal Trail</div> <div><input type="checkbox"/> Public Access Site <input type="checkbox"/> Structure <input type="checkbox"/> Property <input type="checkbox"/> Signs</div> <div><input type="checkbox"/> Illegal Dumping <input type="checkbox"/> Garbage Household <input type="checkbox"/> Garbage Commercial <input type="checkbox"/> Hazardous Waste</div> <div><input type="checkbox"/> Gates</div> <div><input type="checkbox"/> Fence</div> <div><input type="checkbox"/> Signs (Outside Rec Area)</div> <div><input type="checkbox"/> DNR Facility <input type="checkbox"/> Where _____</div> <div><input type="checkbox"/> Aquatic Resource</div> <div><input type="checkbox"/> Agricultural Crops</div> <div><input type="checkbox"/> DNR Equipment</div> <div><input type="checkbox"/> Other: _____ List Type and Sub-Type in the narrative on pg 2.</div>

Describe the incident *in detail* on the next page. If you need more room please attach additional sheets.

ANSWER ALL Who, What, When, Where, Why and How? questions in the narrative.

Detailed Narrative: _____

Approx Value of Theft or Damage:\$ _____

Attachments (List): _____

I CERTIFY (OR DECLARE), UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF WASHINGTON, THAT THIS REPORT IS TRUE AND CORRECT.

Person Completing Report: _____	_____	_____
Print Name	Signature	Date
Supervisor: _____	_____	_____
Print Name	Signature	Date

Action Needed: _____

Open (further action needed):☐ Closed (no further action needed): ☐

Follow up by DNR Law Enforcement: ☐ Date Forwarded: _____ DNR Officer Number _____

OTHERS INVOLVED (#1):

DRIVER: ☐ WITNESS: ☐ VICTIM: ☐ SUSPECT: ☐ LESSEE: ☐ INMATE:☐

SUBJECT (Last, First, Middle): _____

ADDRESS (Street, P.O. Box): _____

CITY: _____ STATE: _____ ZIP+4: _____ HOME PHONE: (____) _____ - _____

EMPLOYER: _____ WORK PHONE: (____) _____ - _____

DOB: ____/____/____ M: ☐ F:☐ HT: _____ WT: _____ HAIR: _____ EYES: _____

VEHICLE LICENSE: _____ STATE: _____ MAKE: _____ TYPE: _____ COLOR: _____

OTHERS INVOLVED (#2):

DRIVER: ☐ WITNESS: ☐ VICTIM: ☐ SUSPECT: ☐ LESSEE: ☐ INMATE:☐

SUBJECT (Last, First, Middle): _____

ADDRESS (Street, P.O. Box): _____

CITY: _____ STATE: _____ ZIP+4: _____ HOME PHONE: (____) _____ - _____

EMPLOYER: _____ WORK PHONE: (____) _____ - _____

DOB: ____/____/____ M: ☐ F:☐ HT: _____ WT: _____ HAIR: _____ EYES: _____

VEHICLE LICENSE: _____ STATE: _____ MAKE: _____ TYPE: _____ COLOR: _____

Distribution:

☐Original – Stays in Region/Division

☐Hard Copy to – Region Officer (LEO)

☐Region Management

☐Date Entered in Database _____